## STANDARD FORM 59 Revised January 1979 Office of Personnel Management 296-33

## REQUEST FOR APPROVAL OF NONCOMPETITIVE ACTION

IMPORTANT: See instructions on reverse and detailed instructions in Subchapters S4 and S5, Appendix A, FPM Supplement 296-31.

				1 Type of Action		
(Enter Name, Address, and ZIP Code of OPM Office)			Transfer     Conversion to Career or Career o			
			Conversion to Career Career-Conditional			
				Position change	Appointment (Spec	
				Reinstatement	Appointment (Spec.	
				Temporary or Term Appointment based	Excepted Appointment	
Office of Personnel Management				on Reinstatement Eligibility	Detail	
				Career Appointment	Other (Specify)	
				Career Conditional		
				Appointment 2. OPM Regulation or other a	uthority under which	
ATTENTION:				action is requested:		
1		ı				
				Is employee now serving to	under a career or career	
				Yes Yes	No	
. Name (Last, First, M.I.)				Total length of service in pr		
Name (Lust, Pirst, M.I.)				3. Total length of service in pr	eseni grade.	
. Home AddressComplete if employee is to take written test. (Number, Street, City, State, and ZIP Code)				7. Veteran Preference		
				Yes	No	
				8. Birth Date (Month, Day,		
				8. Birth Date (Month, Buy,	icar,	
	FROM			ТО		
Position Title						
Pay Plan						
Occupational Code						
Grade and Salary						
Bureau of Office						
Duty Station						
). Have requirements other than the	nose for which prior approval is requested been met? (Fill out in A	ALL cases)				
· 			Yes	No (If "No," explain	ı in Item 11, below.)	
· 	nose for which prior approval is requested been met? (Fill out in A statements required by instructions on this form or in FPM Supple			No (If "No," explain	ı in Item 11, below.)	
· 				No (If "No," explain	n in Item 11, below.)	
· 				No (If "No," explain	n in Item 11, below.)	
·				No (If "No," explain	ı in Item II, below.)	
· 				No (If "No," explain	n in Item 11, below.)	
· 				No (If "No," explain	n in Item 11, below.)	
·				No (If "No," explain	n in Item 11, below.)	
·				No (If "No," explain	n in Item 11, below.)	
· 		ement 296-31, Apper	dix A.		n in Item 11, below.)	
· 	statements required by instructions on this form or in FPM Supple Attach description of duties of proposed position (except when	ement 296-31, Apper	dix A.		n in Item 11, below.)	
. Enter (or attach) any supporting  12. Reason for Submission (To	statements required by instructions on this form or in FPM Supple Attach description of duties of proposed position (except when	ement 296-31, Apper	of the duties, such as t  B. (Continued)  (4) A position	ypist, stenographer, etc.)  n for which no experience and tra		
Enter (or attach) any supporting     Table 1. Enter (or attach) any supporting  12. Reason for Submission (To	statements required by instructions on this form or in FPM Supple statements required by instructions on this form or in FPM Supple Statements required by Supple Statements of PPM Supple Statements required by Supple Statements of PPM Supple Stat	ement 296-31, Apper	of the duties, such as to B. (Continued)	ypist, stenographer, etc.)  n for which no experience and tra		
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## NUMBER OF COPIES TO BE SUBMITTED Submit this form in duplicate. OFFICE TO WHICH REQUEST IS Submit this request to the office which has recruiting jurisdiction over the position involved, except when instructions applicable to the case (see Subchapters S4 and S5, Appendix A, FPM Supplement 296-31) require submission to the OPM's central office (for example, all requests for career appointment based on service in the legislative or judicial branch under section 2(b) or (c) of the SUPPORTING DOCUMENTS AND Attach to all requests a completed copy of Standard Form 171 (or 173), Personal Qualifications Statement: except that Standard Form 172, Amendment to Personal Qualifications Statement, may be used with requests which involve qualification requirements only. (Standard Form 172 may be omitted when the administration of a written test is the only action involved.) Attach any additional documents and include in Item 11 (or attach) any statements required by applicable instructions in Subchapter S4 or S5, REQUEST INVOLVING SEPARATION FOR CAUSE

OPM ACTION							
The action proposed on the reverse side of this form is:		Approved	Disapproved (See note below.)				
The requirements which are checked below were reviewed in making this decision:							
Qualifications requirements only							
Suitability							
Reinstatement eligibility determination							
Other (Specify under "Remarks")							
Note: The agency must determine whether the individual meets all other requirements for the action proposed.							
Damarke:							

State whether the nominee's Official Personnel Folder is in the agency's possession, or has been requested by

Authorized Signature Date (Month, Day, Year) OFFICE OF PERSONNEL MANAGEMENT